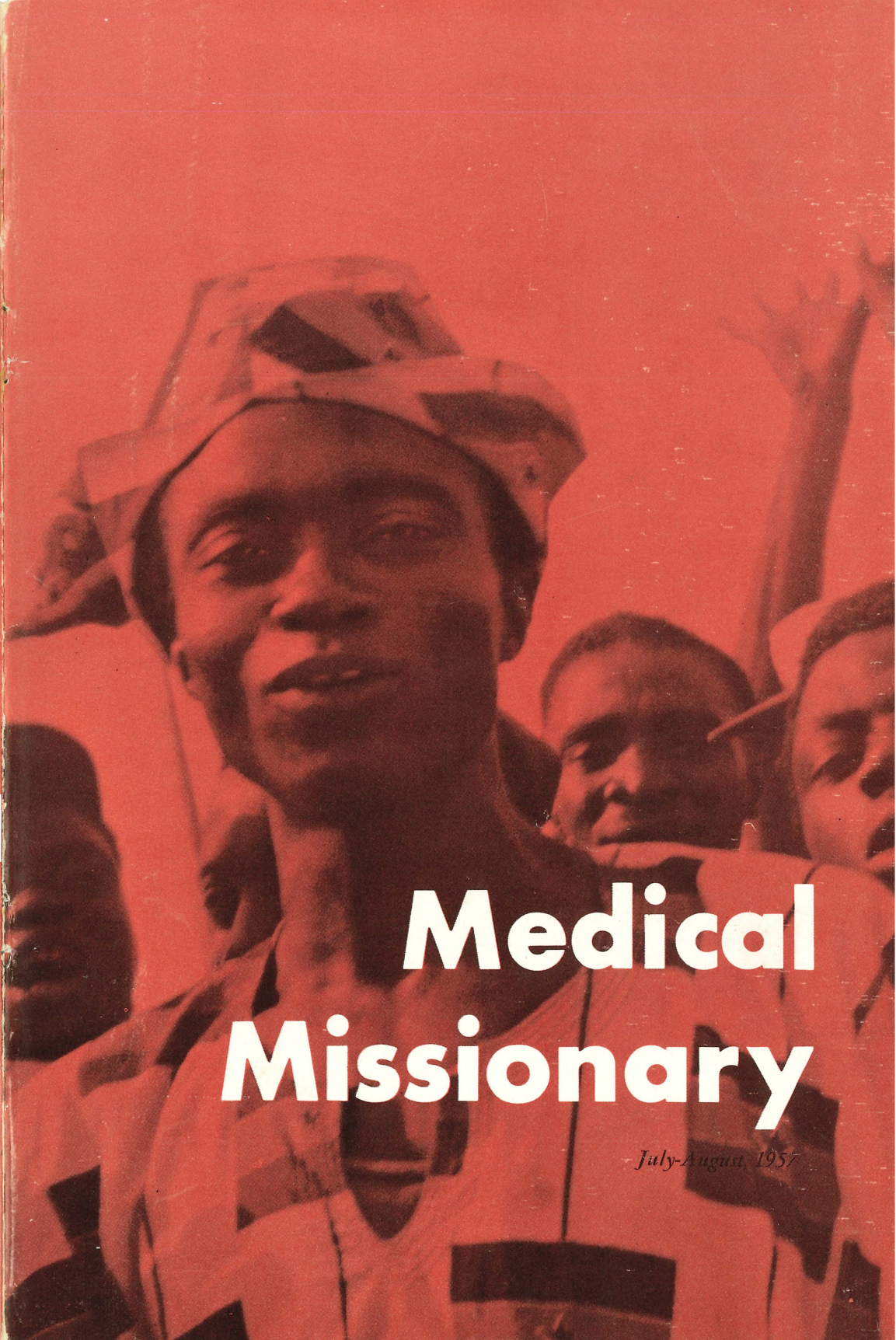

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the medical missionary

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Cover: Independence Day celebrations in Ghana. Notice flags on man's clothing.

more for AFRICA

Sr. M. Angelica

ENCYCLICAL "FIDEI DONUM" of His Holiness Pope Pius XII On the Situation of Catholic Missions Particularly Those in Africa.

Five months ago, on March 6th, an historic event took place—the creation of the first All-Negro Republic of Ghana (formerly the Gold Coast) in West Africa, with the Honorable Kwame Nkrumah at its head.

Ever since 1951, when Dr. Nkrumah was made the first Negro leader of Government Business under the Crown, the eyes of all Africa have been watching this "Giant of Ghana" as he is often called. For them he personifies the hopes of all African Nationalists wherever they are located on the Continent. While we join in congratulations to Dr. Nkrumah and the citizens of the new nation, we realize that there are still many problems which its five million people must solve in the near future. For it is one thing to attain freedom; it is another, for a nation to acquit itself well of the serious responsibilities that go with it. Indeed, West Africa may well be one of the decisive areas of the future.

No one is more surely aware of the urgency of this hour in Africa than Our Holy Father, Pope Pius XII. While the eyes of all Africans were fastened on Ghana and its Independence Celebrations, His Holiness issued a new Mission Encyclical Letter, "FIDEI DONUM" (Gift of Faith), calling all Catholics throughout the world to focus their eyes on the missions in the whole vast Continent of Africa.

"It has seemed necessary to Us to turn your attention to Africa today, in the hour in which she is being opened up to the life of the modern world, and passing through what may prove to be the most serious years of her millenary destiny."

Africa is BIG. Its very immensity demands consideration—as big as the United States, western Europe, India and China put together. There at this hour, millions upon millions, of peoples are being transformed almost over night from a primitive tribal way of life to the fast pace of a modern technological Society. Because of this political, social, and econ-

omic evolution, the Church is going through a difficult struggle. The Holy Father asks all Catholics to come to her aid.

Extreme Nationalism is one of the great dangers for Africa today. Of its 198,000,000 people only 5,000,000 are white; but the white man rules. Nationalism has stirred in the heart of the black man to throw off the white man's domination. While recognizing that a just and progressive political freedom is due these people, His Holiness warns them against false concepts of Nationalism. He would have them gain their freedom in a spirit of peace and mutual understanding — not by violent means. With so many international factors involved, it is hard for even the wisest men to gauge what is necessary for their welfare.

Other obstacles to the missions in Africa are atheistic materialism, Communism, which on the basis of existing difficulties, seduces the minds of men and, by sowing discord seeks to impede cooperation between them; then there are also different concepts of religion and life which draw men away, in a lasting manner from Christ, the only Saviour.

In spite of all these great dangers, the Holy Father points out that the Church's expansion in Africa, in the recent past, has shown many results deserving of hope and joy. However, there is "cause for serious concern for the Catholic future of Africa" because of the immensity of the task yet to be done. The Gospel must still be preached to 85 millions of Africans who have not heard the name of Christ. For this task MORE apostles are needed, and in great numbers. There is such a scarcity of missionaries:

"In one particular place there are 40 *priests for almost a million souls, among whom there are only* 25,000 *converts. In another place there are* 50 *priests for a population of two million, while* 60,000 *faithful would be enough to absorb all the time of the missionaries."* 20 more priests might make it possible to plant the Cross in one particular region. Tomorrow it may be too late.

Nor is it enough only to preach the Gospel. The time has come when the Church must be present in an even more efficacious manner. Trained leaders are needed, the organization of Catholic Action — a Christian social order must be set in motion, that all may partake of the Church's riches of her teaching and her life. Africa needs schools, hospitals, social works of all kinds. But everywhere there seems to be both a scarcity of personnel and the means to carry out the work.

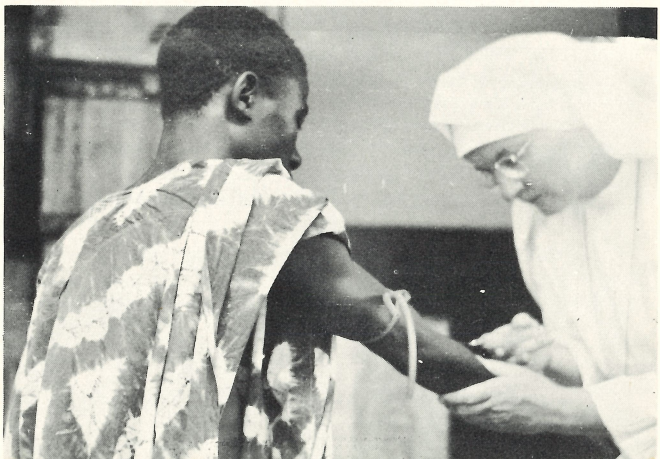
WHO MUST TAKE ACTION?

The Holy Father answers this with another question: The Christian who has received the gift of faith, (FIDEI DONUM), and with it the incomparable riches which God deposits in our souls at Baptism, *what can he offer to the Lord in exchange for this gift . . . if not his zeal to give to others the splendors of Divine Truth?*

"The missionary spirit, animated by the fire of charity, is in some way the first answer of our gratefulness toward God, in communicating to our brothers the Faith which we have received."

COOPERATION OF THE ENTIRE CHURCH

It is indeed to the entire Church militant—the Bishops, the Pastors,



Africa needs more social works
Sr. M. John, M.T., taking a specimen of blood from a patient's arm, at Kokofu Leprosarium.

the Faithful—that the Holy Father sends out this appeal for help — asking them to extend their vision beyond their own communities to the needs of the missions and particularly Africa in its hour of need. In this way, *Catholicity,* one of the essential marks of the Church will become a reality lived by each of her children: *"Missionary spirit and Catholic spirit are one and the same thing."*

HOW SHOULD THEY COOPERATE?

As the Church, missionary from its very origin, has always extended to the faithful a triple invitation to prayer, to generosity, and to some, the gift of themselves, so the Holy Father asks for this same triple assistance from all Catholics today, only in a more intense degree.

MORE PRAYER FOR THE MISSIONS

"Therefore Venerable Brethren, We desire in the first place that MORE prayers be said for this intention (the missions of Africa) and that they be said with enlightened fervor. . . .

"Let prayers be raised incessantly, according to the very rhythm of the liturgical life: let Advent, the Epiphany, and Pentecost be especially marked periods. Such prayers will find most perfect expression in the Sacrifice of the Mass, that act of the entire Church, the primary intentions of which are universal and missionary. . . .

"Pray still MORE . . . Bear in mind the immense spiritual needs of so many people who are still far from the true Faith or who are so much deprived of the help to persevere in it . . ."

MORE GENEROSITY

But would prayer be sincere unless accompanied by generosity and sacrifice? Our Holy Father knows that all the missionary work of the Church has been accomplished only with the help of the "inextinguishable charity" of the faithful and He is very grateful to them for it. However, the needs keep growing; He must ask for MORE generosity. Many of the faithful have their own material difficulties, but compared to the destitution which paralyses action in mission countries, they are nothing. Will many vocations to the priesthood be lost merely for the lack of material means to educate them?

"Let every member of the Faith, every family, every Christian community question itself on this point." The development of the missionary apostolate depends on their liberality and sacrifice.

MORE VOCATIONS

In regard to recruiting more apostolic workers for the missions, the Holy Father lists seven salient points. We give only one for lack of space:

"Let an atmosphere favorable to the development of missionary vocations prevail in the Christian schools, parishes, Catholic action movements, pious associations, etc. A christian community which gives its sons and daughters to the missions cannot die."

While concentrating on Africa in this new Encyclical Letter, the Holy Father does not forget all the other mission fields of the world and the Church. All are equally dear to Him.

LEAGUE OF GRATITUDE

Three-fold Purpose: *to thank God for the priceless gift of FAITH; to help bring that gift to those in mission lands; to share in all the works, prayers and sacrifices of the Medical Mission Sisters throughout the world.*

Dear Mother Dengel,

I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month. Please send me a monthly reminder.*

Name .....

Street .....

City ..... *Zone* ..... *State* .....

(**May be changed or discontinued at any time.*)

WHERE EVERYTHING GROWS

Sr. M. Laetitia, R. N.

"There are twenty-five cases of leprosy, men, women and children, living in shacks in the capital city of Ashanti; some are hardened criminals. Everytime there is a big robbery they receive the credit, whether or not they have perpetrated the crime. The police are in nowise anxious to search their compound for fear of contracting the disease. *Will you open a settlement and take care of them?*"

It sounded like a tall order but soon the Kokofu leprosy settlement was built and open to receive these twenty-five. But no one turned up. (Now we have 110 patients!) They had too lucrative a practice to want to bury themselves in the deep bush that is Kokofu.

When the Sisters visited them in Kumasi they looked like poor pitiful creatures. Obviously not all of them belonged to the underworld! Some were blind, some had very little left in the way of hands and feet; several were badly scarred about the face. Perhaps all had been cruelly treated. Many had been put out of house and home when the disease was discovered. No one wanted them; there was nowhere for them to go. By degrees they discovered each other and clung together, . . . a community of misery, feeling that every man's hand was against them. In despair and misery they turned to begging and burglary. Later on some of the more thrifty started vegetable gardens and made a little money selling tomatoes, cucumbers, lettuce, etc., to the Europeans in Kumasi.

One unfortunate circumstance of their way of life was the number of children running about the place. Some were obviously infected by the disease, others apparently untouched by it.

"If we go to your settlement may the children stay with us?" was the chief concern of the women. How to answer was a problem. If the reply was "No, only if they are in need of treatment" it would mean that the mothers would not come and eventually the children would contract leprosy anyhow.

"Will you take care of me?" asked a little old lady, holding out two fingerless hands and hobbling along on ulcerated stumps of feet.

"We shall be glad to for a short time, to clean up the ulcers, but we can't permanently."

Her smile was almost beautiful in its gratitude. She set to work gardening . . . hours every day; though how she could hold a cutlass was a marvel. Her eyes looked almost blind but she could spot a bunch of plantains hiding behind their big leaves long before the Sisters with their good eyes.

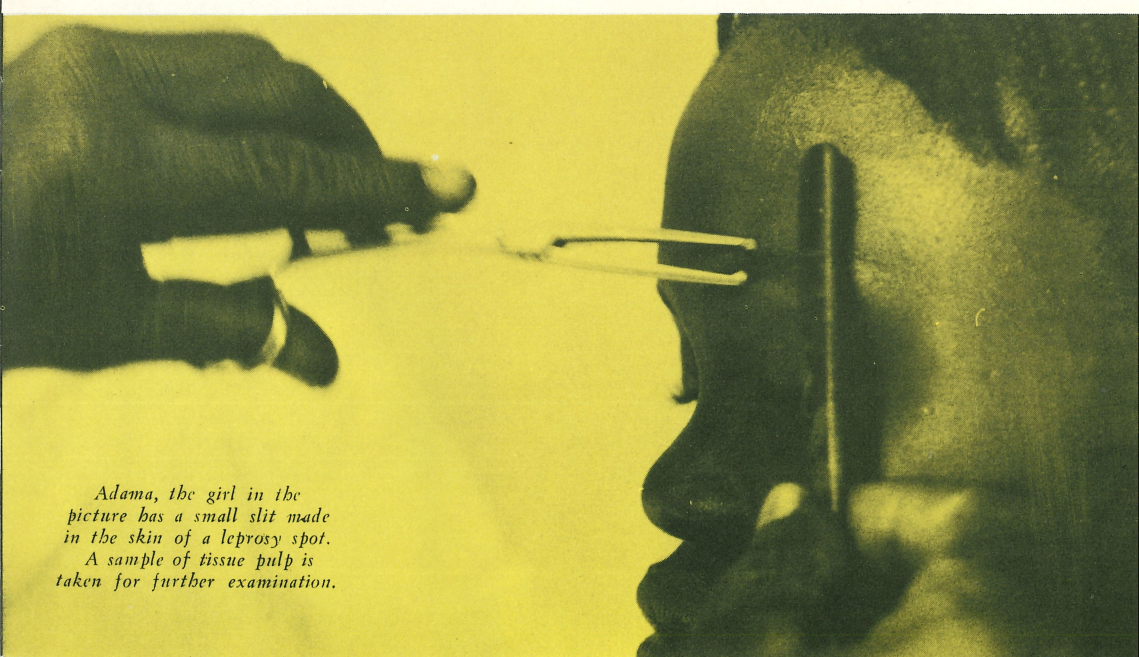
Word spread that Kokofu was all right and patients began coming in. The idea is only to accept *lepromatous cases,* as these patients are thought to be the ones who spread the disease. Their skin smears swarm with the bacilli, whereas this is not the case with the *tuberculoid type.*

But when, in come destitute, burnt-out-cases, blind, with no fingers, no toes and badly infected ulcers on the bits of feet and hands that are left, it is hard to refuse them.

KOKOFU means "the place wherever that is put in the ground comes up." Kokofu Leprosarium in Kokofu, Ghana is growing day by day. May the Love of Christ also grow with it.

Humor and pathos aplenty are to be found among the patients. One young man, a very advanced case, looked up at Sister one day and said very gravely: "As for us, we prefer to be the lepromatous type, for then we do not lose our fingers and toes." A fallacy, poor boy! his were almost nil.

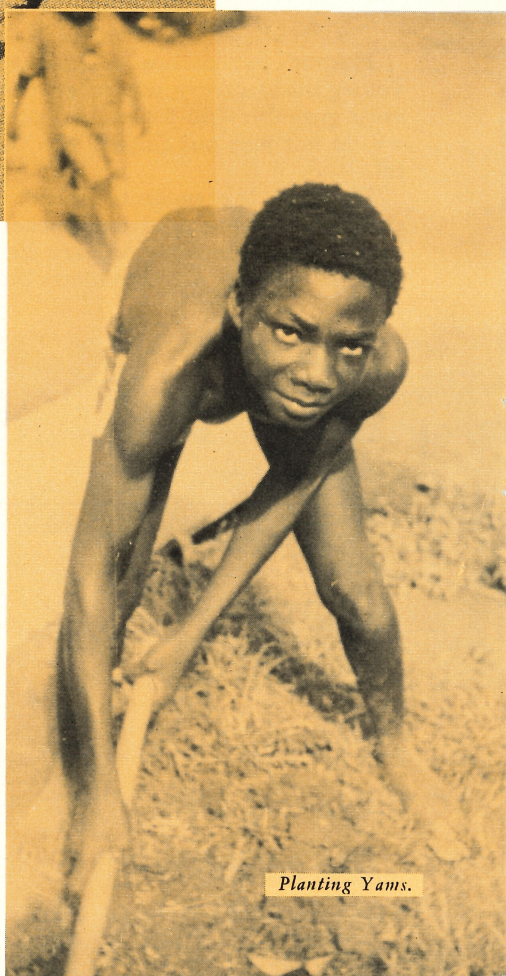
How do the patients spend their days? School has started for the children and so-called night school for the adults. Of the latter, those who know Twi are anxious to learn English and the quite illiterate want to learn Twi. It will be a tremendous help to these men and women when they



Adama, the girl in the picture has a small slit made in the skin of a leprosy spot. A sample of tissue pulp is taken for further examination.

There are an estimated 45,000 *leprosy patients in Ghana.* 10,000 *in the Ashanti District.*

A girl without any fingers, strings beads.



Planting Yams.

return home. Instead of being despised outcasts they will be looked up to because they can at least read. Not all of them will be able to write with their poor hands.

Most of the men who are well enough spend several hours a day cutting bush and planting tapioca, yams and plantain, etc. The food grows like wildfire—and so does the bush. "Kokofu" means the place where everything that is put in the ground comes up.

When the work is finished the men still have hours to spend looking off into space. The women are not badly off: they spend some time cutting bush, growing vegetables and looking after their chickens. When that is done they start in making fufu, the favorite Ashanti dish. It is a big job. First they must peel and boil yams, tapioca or plantains; these they put into a small piece of a scooped out log of wood and pound it with a long wooden pole. It takes two women and plenty of energy: one pounds and the other turns. The rhythm is perfect: pound, turn—pound, turn—pound, turn. If the rhythm were to go awry the hand turning the fufu would be smashed.

The patients who can work get paid a little. Like anyone else they are happier with a few shillings jingling in their pockets.

The other day Sister brought the men some games, including draughts (checkers) and they were so pleased they just grabbed them, within two minutes the games were in full swing. The Africans love checkers.

A few days ago the men elected a chief and a court of elders. They have requested to meet with doctor and myself every two weeks "to tell us how to manage them." They are supposed to keep law and order in the establishment. The chiefs in Ashanti are extremely important and everyone listens to what they have to say. Yaw Sarfo, the chief-elect, is a man of few words and unconscious heroism. When he developed the disease he went to a clinic but not soon enough. Then he discovered that his little daughter had leprosy and instead of taking the D.D.S. (diamino-diphenyl sulfone) himself he gave it to the child. Why he did not take her to the clinic remains a mystery. One day the two of them came asking for admission. The condition of the little one is not too bad but the hands and feet of the new chief will always be pretty badly deformed, even if the ulcers do heal.

Some of our patients are already showing a definite improvement, and that is such a consolation. One man was admitted only a month ago, a terrible case; he looked just dreadful. Yesterday I realized how much better he is already. It seems that treatment lasts from one to ten years.

The fairly new cases are the hopeful ones. If they can take D.D.S. well and if it agrees with them, it almost works miracles.

And so our town is taking shape. Cassava tapioca, bananas, yams, peppers are being planted everywhere. The little houses are beginning to look like real homes. There are only four Catholics among them, but almost all appear at Benediction and sing in the vernacular to their hearts' content.

GHANA LOOKS FOR GOD

Sr. M. Cuthbert

In its traditional form the religion of the Akan peoples reflects their ancient, political, economic, and family organization.

"Our Father Who art in Heaven . . ." What ever-widening ripples of meaning the words have for us and how hard it would be to express their full meaning in precise terms.

The devout Akan of Ashanti who knows the traditions of his people knows a Father in heaven. His name is *'Nyame,* the bright, shining, glorious one and his nature is an unfathomable mystery.

The Akan peoples who now have their own independent state of Ghana number only about 5½ million. Yet they have an important contribution to make to Africa and to the whole world for their traditional culture has a refinement and a balance that come from deep roots and sound social principles.

"What the Akan take to be the good is the family of whatever size." This is the way Dr. Danquah, distinguished Akan philosopher expresses the unifying principle of his people's very complicated religious and social traditions. The common good is what matters most to each individual because any community in which he finds himself whether very small or world-wide is a family to his way of thinking.

In Akan society there are many overlapping families. There is the *Father-family* in which a man owes respect and loyalty to all relatives liv-

ing and dead because he has inherited 'ntoro, his soul substance from his father. There is the *mother-family* in which a man owes hospitality and every kind of support to a wide circle of relatives whenever they claim these. He can claim the same rights from them. He does not learn his family rights and duties through sitting in a classroom and hearing about them but by taking part in the family worship of his mother's ancestors. This worship of ancestors is a good way of holding the family together because each member learns and rehearses his rights and obligations and his place from time to time. From early childhood he has a regular opportunity to watch the different grown-ups take part and he soon learns what he can expect of each and what they can demand of him.

Celebration in Ashanti showing the Ashantehene (Chief of Ashanti) with the Golden Stool during the Addaekaese Celebrations.

No one should ever be destitute under the traditional system. A boy who cannot find work, or is not able to work, can go and live with any of his mother's brothers, or of his own brothers who happen to be rich or to have some income. They cannot refuse him and he does not feel shy about it because he would be bound to do the same for them if the circumstances were reversed.

Each man also belongs to a clan or big family made up of many father and mother families. In the past these clans were largely responsible for regulating land ownership and employment and the social life of the villages in general. Every one knew his place in the clan because he rehearsed his rights and duties in a 42-day ritual cycle of worship. In the past whole villages and groups of villages took part, every man, woman and child having his own particular role to play. Even today such ceremonies take

place around the houses or shrines where the stools of the ancestors are kept, but very few take part.

The worshippers show their respect for the ancestors of the chiefs by prayers, chanting, dancing and drumming. Libations are poured and offerings made. The talking drums and the speaking horns take part.

Do all the Akan people live according to this family principle today? No, do all the people of "Christian countries" live according to the teachings of Christ? Yet in a true sense these traditions and principles still form the cultural heritage of this whole society and they have influenced in some way what is happening today. We cannot even claim that all the Akan of Ashanti would explain their religion in this way. Again, not all Christians explain Christianity in the same way, and few fully understand it.

The tribe is another family consisting of all clans speaking one tongue. So far it has always been the largest unit for military training and for social organization. At this level too, the community is still regarded as a family and the Akan attitude to political authority is even today much influenced by this. All authority is paternal and ultimately derives from *'Nyame.*

To the Akan, society consists not only of the living but also of those who have "passed on" and are still very much interested in their descendants. A funeral, for instance, is not sad but solemn and mysterious. The symbols reproduced on the next page aptly express this. They are taken from the conventional designs on funeral cloths all of which stress the strong and important link between the living and the dead. When the Akan become Catholics it is the liturgy of the dead that most appeals to them. They feel the full impact of All Souls' day, like to keep all night wakes and immerse themselves with utter conviction in the solemnities of Holy Week. Feasts of Saints, though usually the anniversaries of their deaths do not seem to appeal to them so much, perhaps because they feel that being foreign and not their own ancestors they can scarcely have much interest in Akan faithful. They love any ritual in which they can take an active part and like their Church services long as possible.

A big question facing the Catholic missionary is whether the Akan family can be extended to embrace the whole world without conflicting with existing traditions. Their own particular region was precious to them because it distinguished the Akan from all other peoples. In the past, therefore they have not lived as members of a world family. Yet one of their proverbs expresses this ideal, "All men are the offspring of *"Nyame"* and another. 'He treats you as a beast who does not reciprocate your goodness". This means that between man and man there should be friendship because all mankind are one family and each is dependent on the common good of all.

Their own traditions have already led the Akan peoples to a very earnest search for God. "The earth is wide", they say, "but 'Nyame is chief. All 'Nyame did is good. The order 'Nyame has settled, living man cannot subvert".

Now they still want God. If we let the materialist western teachings reach them it is possible that soon they will no longer want Him. Now is Africa's time as the Holy Father has said, and the missionaries do not want sympathy nor admiration in this task but help.

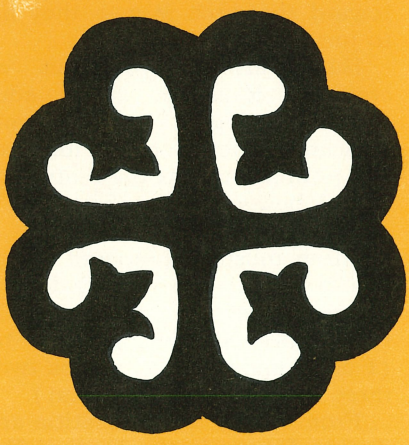
AKAN ADINKRA MOURNING SYMBOLS

There is something intensely native in the Adinkra mourning cloth symbols. They are an expression of Akan faith and tradition. The Akan only wears them on the occasion of a funeral ceremony. The use of the symbols is intended to mark the link forged between the living and the dead, the present and the future.

GYE NYAME ("Except God")

NAYAME NWU NA M' AWU (Could God die, I would die.")

NYAME, BIRIBI WO SORO, MA NO MEKA ME NSA ("O God there is something above, let it reach me.")



NYAME DUA ("An altar to the Sky God")
Literally, *God's tree.*

1 out of 10

Sr. M. Raphael, B.S., Pharm.

A visit to Nigeria's leprosy settlements.
In the Eastern Province, one out of 10 *have leprosy*

We were off to Nigeria on a bright September afternoon as the little green and white airplane climbed into the clouds over Accra and headed southeast for Lagos. It is a short run along the coast line of 225 miles.

Lagos is quite a big city, by West African standards: neon streetlights, warehouses, and many-storied buildings. Besides trains, buses and cars, public transportation includes bicycles, for which there is a set price to ride over the rear wheel: five pence a mile. Passengers sit with both feet toward the ditch in case they have to jump for safety.

Buses are cheaper, but very crowded. Recently, at an educational meeting in Lagos, a young African teacher proposed for discussion: "In asmuch as the seats on the school buses are insufficient to accommodate all the students, the children must be prepared *to lap*"! The proposal was amended by another teacher that not more than two children should lap at one time (I don't know if that means two or three layers of child per seat).

From Lagos Sr. M. Laetitia and I flew to Enugu in the Eastern Provinces. The country changed from forest to scrub vegetation; from the well, and colorfully-clothed people to the more simple Ibo people. Life is primitive in this part of the country. Many of the women dress as Mother Eve, pre-Fall fashions. As cloth is scarce, the babies ride slung over the women's hips rather than tied to the backs as is the usual West African custom.

Instead of the rectangular houses built in large villages as with the Yoruba people, the houses here are round and small, thatched with concical grass roofs. They are scattered throughout the countryside whereever clumps of trees offer shade among the fields of yams and cassava. This type of housing dates back to the days when the country was raided for slaves. If all the people lived together in large villages they could the more easily be rounded up in the raids. If scattered throughout the country, word of the raiding parties could be passed along from compound to compound, and their chances of escape were better.

In the Eastern Provinces we stayed with the Irish Medical Missionaries of Mary at Abakaliki where they have a large leprosy settlement. Here are a Sister-doctor, Sister nurses, social worker, etc. At the main station they have about

750 patients in the village. They have wards for men and women patients, an operating room, dispensary, etc. to care for the surgical and medical needs of the patients. In the surrounding district they have eight other villages, caring for a total of 7,000 patients with Hansens Disease. They visit one village each day, and bring into the hospital the ones needing special care.

In the cool of the evening we went around the Abakaliki settlement walking between the trim rows of round mud huts greeting the patients. One older woman of about 50 years begged us to come and hear her phonograph. She had just received a new record of French music sent by a benefactor. She started the record, closed her eyes and swayed to the rhythm of the music which was quite good. I don't think I shall ever forget the look of joy on her face. She forgot us completely.

Over the week-end we went 45 miles in the opposite direction to Ogoja mission where the Medical Missionaries of Mary have another station caring for some 10,000 leprosy patients living in several villages. Weaving, basket work, etc. are taught besides the reading and writing, to help the youngsters earn a living once they are discharged. And prospects of early discharge are promising with the present sulfone drug treatment.

The program generally followed in these settlements is: Those who are well enough, do three hours voluntary communal labor a day to help keep the settlement grounds in order: weeding, raking, carrying water for the crippled, etc. They are free to work their own farm plots, the rest of the time. The strong ones are almost completely self-supporting. If they wish to do more, they can also work for the settlement, for which labor they are paid by the hour. The destitute and helpless are cared for without any charge or work required of them. Men and women live in separate houses. Most were tiny mud huts with grass roofs, but wherever the settlements were building or enlarging, the new buildings were made of cement blocks.

In some places, if both husband and wife are victims of the disease, they may live together in the men's section of the village. Opinion was divided as to whether babies should be separated from mothers suffering from the disease. In some places, the children were allowed to stay with the

Yao, a lovely girl of seven, keeps her hair in tiny braids.

Lagosian woman and child, Nigeria—many are Moslems.

mothers as they nursed, if the belief that a prophylactic amount of the DDS was excreted in milk sufficient to protect the children. Other places removed the newborn children immediately from the mothers, on the grounds, that the above theory has not yet been proved, and therefore was not a safe policy to adopt.

The Eastern Provinces are thickly populated, and the incidence of the disease appears to be greatest along the river banks. We visited only three of the leprosy settlements in this district . . . there are others but frequently the roads to them are almost impassable. Even the road to Ogoja was pretty bad. We had been warned of it in advance, and when we got there we were asked several times what we thought of the road. I think they were rather proud of having one of the worst roads in the country.

From Enugu we flew to Jos in the Northern Provinces which is a nice cool location, over 4,000 feet high on a large plateau. Here in the Northern Provinces there is also much leprosy, but the people are reluctant to come into settlements, preferring to get their DDS (Sulfone) tablets at out-patient clinics and remain in their own villages, more or less segregated according to tribal custom. For the less acute

The Birom who live on the Nigerian plateau are primitive people. A narrow rocky trail led to a compound where several round huts were clustered within a natural rock enclosure.

cases this is practical, but it does not provide for the crippled or deformed who cannot care for themselves and for whom a non-Christian society does not have much time or concern.

We had been impressed by the amount of the disease in the Eastern Provinces. Some workers said *one in five* had the sickness, some said *one in ten.* It varied in the different districts. However, it appeared even higher in some sections in the north. One doctor specializing in work there said there are 100,000 patients with Hansens Disease in the city of Kano alone, a city with a population of an estimated 300,000.

While in Jos we stayed with the Sisters of Our Lady of the Apostles. These Sisters teach the children and have a maternity clinic for the Ibo people of the South who come up in large numbers for work. Not much direct work can be done with the principal residents of Jos, the Mohammedan Hausa and Fulani tribes, as these are not interested in either of the Sisters' activities: education of girls or maternity care for the women. They do bring their women to hospital but very reluctantly, usually only in emergency cases and complications of childbirth.

In the outlying districts the Sisters work among the Biroms. These are a very primitive people. We drove out to visit them one evening with the Sister-nurse who goes weekly to give those with leprosy their tablets of DDS. A group of women and children awaited Sister at the tiny, one-room mud school house.

Sr. M. Laetitia and I wandered off to investigate some grass-thatched huts up among a mound of rocks. A narrow rocky trail led to a compound where a family lived. Several round mud huts were clustered within a natural rock enclosure. Small stones had been wedged between the crevices of the large boulders to form a natural wall for the compound which could be closed completely at night from wild animals and possible thieves. The people welcomed us shyly as we used our newly-learned words of their dialect to greet them. After those words were exhausted, it was all gestures. Could we look around? Surely. A mother glanced out of a dark cooking house to smile a greeting.

Their only implements appeared to be a crude hoe, a few earthern cooking pots, calabashes, some drums and a simple string instrument for music. Apparently their lives were innocent of excess of furniture or clothing. The men wore loin-cloths, the women fresh leaves in the best pre-fall fashion.

After clinic was over we returned to the convent . . . a few minutes' drive taking us from a primitive pastoral setting to a Mohammedan city. The dress of the inhabitants is that of the flowing white desert robes; the buildings, although of red clay, resemble the fortifications of the Khyber Pass. Narrow locked doors lead into the quarters of the women. Although they do not observe purdah, the women live in semi-seclusion.

Northern Nigeria is a stronghold of two of the most powerful Mohammedan groups in West Africa, the Hausa and Fulani tribes. For many years missionaries were not permitted to work in Northern Nigeria, as the British Administration, under Lord Lugard, did not wish to provoke these fierce and powerful tribes. Even today, although that restriction is removed, the work of the missionaries in this section of the country is chiefly among the outsiders: the Ibos and the primitive Biroms.

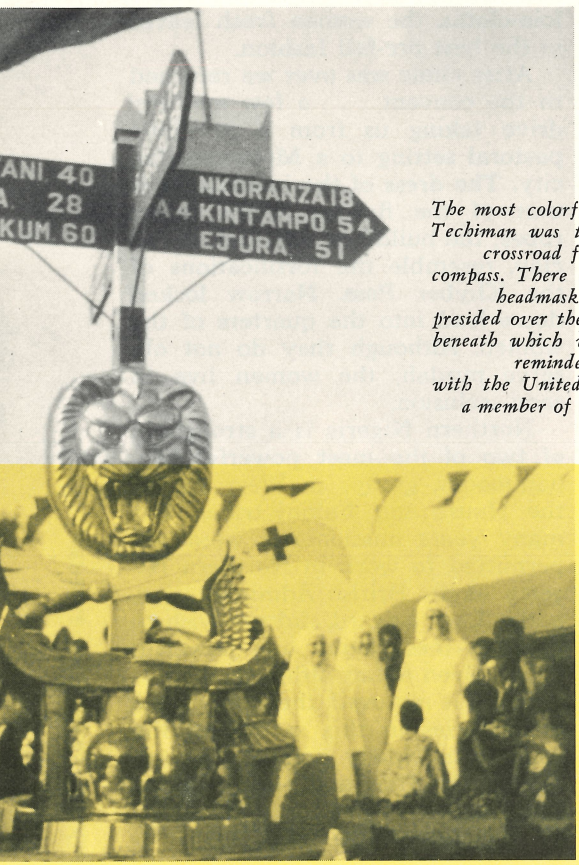
(Continued on page 123)

GHANA INDEPENDE

On March 6th of this year the new nation of Ghana celebrated its first Independence Day. Ghana, formerly called the Gold Coast, is named after an African empire of the Middle Ages. Adopting the motto, FREEDOM AND JUSTICE, it takes its place as a sovereign state among the free nations of the world.

In Accra, capital of the country, Dr. Kwame Nkrumah presided over the elaborate celebrations. England was represented by the Duchess of Kent. Dr. Ralph Bunch, Under-Secretary of the U.N. was also present. Vice-President Nixon represented the United States. All felt privileged to be present at such a momentus historic event.

The Churches throughout Ashanti joined in prayers of thanksgiving and petition for the welfare of the new nation.



The most colorful spot in Techiman was the round-about or crossroad for all points of the compass. There a lion's headmask and a State sword presided over the eagles of freedom, beneath which was a crown, reminder of Ghana's link with the United Kingdom as a member of the Commonwealth.

The Medical Mission Sisters in Ghana shared the joy and joined the people in their rejoicing.

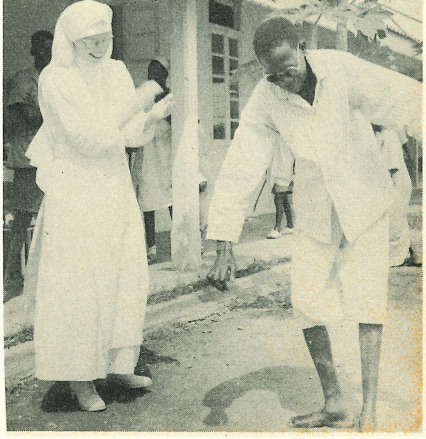
NCE DAY

Sr. M. Raphael

Every town and village in Ghana held celebrations which continued through the week—parades, flag salutes, sport events, contests, dancing and drumming.

Happy throngs watched dancing and drumming exhibitions in which the different tribes demonstrated their traditional dances. There were many tribes also from Togoland, Nigeria, and the Ivory Coast.

Sisters M. Josephine and Marianne enthusiastically wave Ghana's new flag. Even the solitary horse of Techiman was decked out for the occasion and proudly carried the veiled Mohammedan Chief.



Sr. M. Theodore encourages Salamann to do his dance.

Salamann our dancing man

Sr. M. Daniel

He must have arrived with the group of new patients that morning, but in the confusion of getting everyone settled, he must have been overlooked. When we finally found him, he was sitting on the side of the road, too sick to care what happened to him. Who was he?

His name is Salamann, a young man from the Northern Territories. One look at him was all that was needed to see that he was a victim of leprosy. But that wasn't his only trouble. He was covered with a rash as well. His eyes were also infected. We bathed him and put him to bed in the hospital. Then the problem was, what to treat him for, first? On further examination, we found that he also had sleeping sickness which is common in his village. Slowly, we worked on one thing at a time and gradually they cleared up.

At first, he was just a lump in the bed completely hidden under the blankets. He emerged for meals and dressings only. In the morning, in response to the Sister's "good morning" there was always a faraway grunt. As the drugs and care took effect, more signs of life were noted. At the Christmas party, he suddenly appeared walking down the road and doing a very shaky dance. Two days after Christmas, he suddenly discovered the Christmas decorations, but at least he found them all by himself.

Nowadays he is a changed person —not yet completely well— for who but the Divine Physician can restore a blind eye and a withered hand? However, it takes very little encouragement to get him to do a native dance for you, and he is forever playing little tricks on the Sisters. There was the day he came over to the Sister who was preoccupied doing a dressing and said, "Sister, adru, adru (medicine)." When the Sister looked up to see where the medicine was needed, he pointed to his cheek which had suddenly become swollen. However, he enjoyed his joke so much that he lost the piece of cola nut that had "caused" the swollen cheek. When he sees no one helping the Sister with the dressings he comes along to hold a leg or an arm for her. It is true, he is far from being cured as yet, but even to see him this well, is a little miracle—"Nyame medase."

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Housekeeping in the Bush

Sr. M. Raphael, B.S., Pharm.

Do African women have *blue washdays?* And *dishpan hands,* and *tattletale* grey worries in the bush? Some people think housekeeping in the African bush would be simple: a mud house to be kept swept, sleeping mats and pillows to be sunned in the morning, and the simple meals to be cooked out-of-doors. No gadgets or electric toasters? And the Bendix, the next bend in the stream.

Not at all. African village life has as many *musts,* and *don'ts,* and *how to do its,* as anywhere else in the world. A list of household hints for a bride would include:

1. For that shine on the kitchen floor use big lumps of red clay. Work briskly into the mud floor and rub until the coat glows. The result will be one corner of the compound you will be proud to let your husband's other wives see.

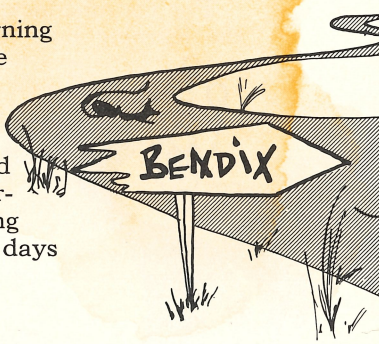
2. Troubled with water splashing on your shoulders as you carry the gallon tins of bath water from the stream? Put a spray of fresh leaves on top of the water and it won't splash!

3. Do your metal buckets have a dull drab look? Pick a dozen or two of limes or lemons, cut them into pieces, and together with fine wood ashes rub until the buckets shine.

4. For tenderized meat, keep the meat wrapped in paw paw leaves until ready to be cooked. (Papain, one of the principles extracted from paw paw fruit is use medicinally in the U.S. as as a protein digestant).

5. For those left-over pieces of meat? Skewer them on a long-pointed stick and roast slowly over an open fire until they are completely dried out. They keep indefinitely in this way!

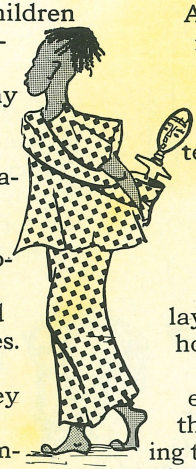
6. Jaded morning appetites? Serve the family kanki balls. Prepare, by allowing finely ground corn meal to ferment by covering for one or two days



with water. Drain off water, work into a mass, form as balls, and wrap individually in leaves. Steam for several hours until thoroughly cooked. Delicious!

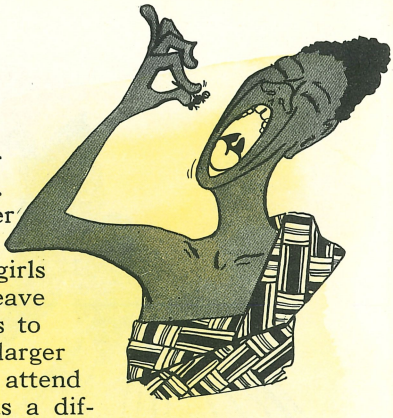
7. Occasional menu refresher: Select one dozen flying ants . . . the largest of these attracted by the night lights . . . drop into hot palm oil and eat while hot. Fingers may be kept unsoiled by holding fried ant by the wings. Young children and less fastidious elders sometimes eat the wings also.

8. Caught in the rain away from village? Remove outer clothing, roll it into a tight bundle and stand under a banana tree until the rain stops. Then proceed home in dry clothes. (Compliments of a local hygiene textbook.)



However, such a list would not be needed for bush brides. Little African girls learn *how* to *keep house* as soon as they are able to keep their little colored cloths tied about themselves, and handle a rush broom. Someone has said the African child has little time for play. If true, it holds especially for the little girls, for they do a big share of the family work. But when not working they love to play, especially with dolls. These are either wood-carved figures, or bits of colored material bundled to look like a doll. Instead of rocking them in their arms they tie their dolls to their backs, as Mammy does little brother.

For the uneducated African girl, the learning how to keep house is part of her growing up. For the ever increasing number of girls who now leave the villages to stay in the larger towns and attend school, it is a different story.



A missioner tells of receiving a request from one of his young teachers for leave of absence . . she was getting married. She was the domestic science teacher at the girls school. A capable teacher who had spent five years drilling the youngsters on how to wash clothes, and hang them up with clothes pins, instead of laying them on the ground . . . how to sew . . . and how to cook . . . how to cut patterns, embroider, etc. The girls liked the cookery classes best: learning to prepare custards from local starches, to bake biscuits and cakes, plan well balance diets, etc. Father was understanding. Of course she could have three months leave after the wedding.

"Oh no, Father, I want the three months before the wedding.

"Before? Why, before?"

"Oh, I must go to my mother's village and learn cooking from her."
"But you have taught cookery for five years?"

"Yes, Father, but that is school. I must learn how to cook what my husband will eat."

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Facts about LEPROSY

1 Hansens Disease, Leprosy, is "feebly communicable" but susceptibility is greater in infants and children than in adults. In the United States the endemic areas are in Louisiana, Texas and Florida. Outside these States, leprosy is rarely discovered. And most of the cases reported in these other States are usually of foreigners who have brought the disease in with them from their homeland.

2 The only leprosarium in the United States is at Carville, Louisiana. It was founded sixty-one years ago, and to date not one member of its medical or nursing staff have contracted the disease.

3 Leprosy is the least communicable of all communicable disease.

4 The biggest problem in controlling this disease is to discover the MODE OF TRANSMISSION.

5 In 1874 G. Armauer Hansen, a Norwegian Physician discovered the bacillus which causes leprosy. It closely resembles the germ which causes tuberculosis.

6 Leprosy is not included on the list of reportable diseases in New York State (except New York City) and in 11 other states (Ala., Maine, Mass., Mich., N.H., N.J., Pa., S.D., and W.Va.) only the reporting of the disease is required. Patients are not restricted to the national leprosaria in Carville.

7 You can maintain perfect health for years after contracting the disease. It is sometimes not noticeable for as long as 10 years after contracting the disease.

8 No other disease is surrounded with so much misinformation as leprosy.

9 A child of a leprous mother will not be born with the disease if it is separated from the mother at birth.

10 There are two main types of leprosy: LEPROMATOUS: Open infectious type involving lesions of the skin. TUBERCULOID: Closed, non-infectious cases in which there is nerve involvement.

11 Total number of leprosy cases in the world today range from 7 to 10 million. Only 3-4 percent of these cases are receiving treatment, due to lack of funds for medicine and personnel to care for them.

12 Leprosy is generally found in sub-tropical climates but it is also found in Iceland.

13 There are an estimated 2,000 cases in the United States and Canada; South America, 124,571; Europe, 8,000; Africa, 1,343,300; Asia, 2,529,000; Oceania, 10,000.

14 There are at present 97 Catholic Leprosaria with a total of 25,437 patients. In addition Catholic Sisters serve in 122 Government controlled leprosaria giving care to 46,587. (Damien Dutton Call)

focus on:

MISSIONARIES

Sr. M. Richard

What a waste—missionaries spending their priestly lives teaching algebra in a high school attended by Japanese boys. So say those who believe that the sole purpose of missions is the baptizing of souls. They cannot see how a missionary priest can run an experimental farm or conduct a labor school for Philippine union leaders.

These believers of the 17th century "baptism theory of missions" open one mission magazine after another and read of the "strange" tasks of Priests, Brothers and Sisters. They read also of other missionaries, lay people, who leave their own country to go to a foreign one, not to preach in the market place but be the "hidden leaven" in an office or factory in some Oriental city. They read and they cannot comprehend. For these people, the lives of many missionaries have no meaning.

The nod of their heads, the shrug of shoulders, we readily understand. If the chief work of the missions is the baptizing of souls, then surely many modern missionaries are misguided. They are wasting their time.

But such is not the case. Today's missionaries are not in error. The primary purpose of missions is not the baptizing of souls. The real task of the missions is to plant the Church in those places where it is not yet established.

We rightly refer to "mission fields". Missionaries are planters. But before one plants, one must make the field receptive to the seed. There is no point in sowing seed in an uncultivated field, likewise there is little advantage in preaching about the love of God for men if we don't prove it by trying to relieve their sickness, dispel their ignorance, diminish their poverty.

Missionaries must adapt themselves to the conditions they find in their particular mission field. In many countries, now is the time when missionaries are preparing the field. They are uprooting false notions, making avenues of approach, winning confidence. In others, it is the time for cultivation and seed-sowing when Christ shows Himself to the people in the person of the individual missionary. It is through the missionary's example, his sincerity, the activities of his hands that men are introduced to Christ and to His teaching of love and mercy.

As there are stages in the growth of seeds that men plant, so there are also periods of growth and development in the establishment of that Divine vine, the Church. When the Church in a given area is "no longer a hidden influence but a consciously accepted power", when the sons of the country take their place at the altar, when instructed lay people are able to support their Church, when the whole family of Christians can participate fully in the life of the Church . . . the foreign missionary's work is finished. Then he will move on to another corner of the world and on to another and another until there are no more mission fields but one Church whose fruits will include the peoples of every nation.

NEWS FROM OUR HOUSES...

United States

Motherhouse & Novitiate
PHILADELPHIA, PA.

Houses of Studies
WASHINGTON, D. C.
ST. LOUIS, MO.

Postulate
MOUNTAIN VIEW, CALIF.

Clinics
SANTA FE, NEW MEXICO
ATLANTA, GEORGIA

India

Hospitals
PATNA
MANDAR
NEW DELHI
BOMBAY
KODARMA
BHARANANGANAM
THURUTHIPURAM
CHANGANACHERRY

Novitiates
POONA
KOTTAYAM

Pakistan

Hospitals
RAWALPINDI
KARACHI
DACCA
MYMENSINGH

Indonesia

Hospitals
SURAKARTA
MAKASSAR
PARE PARE

Novitiate
LAWANG

Holland

Pro-Provincialate

Novitiate
HEERLEN

House of Study
UTRECHT

South America

Hospitals
CARIPITO
MARACAIBO

Africa

Hospitals
BEREKUM
KOKOFU
TECHIMAN
WELKOM

England

Novitiate
SOUTH SHIELDS

House of Study
OSTERLEY

India

Professions

On May 8th, two Novices made their first profession here in Poona. Sr. M. Thomas Alphonsa, R.N., and Sr. Thomas Maria. The Bishop, Most Rev. Andrew D'Souza, himself presided at the ceremony. Sr. M. Thomas Alphonsa is already working at the Dispensary in Poona since two Sisters from there are on vacation. Sr. Thomas Maria is leaving for Delhi in a few days where she will take up a course in medical technology at the Vallabhai Patel Chest Institute (Un. of Delhi).

Try This on Your Dog

We must tell you about Bobby, our dog. He had skin trouble, was listless, etc., and it was decided to put him to sleep. Sr. M. Vincent chose the medicine, crushed the tablets with her own hands, and gave enough to kill a big man. Sr. M. Xavier fed it to Bobby adding 10 more grains to make it fool proof. When I went over to chapel in the morning, I peeped into his box and there was Bobby all four legs stretched out and breathing very strangely, and I thought, "Poor dog, there is the coma which will carry you off . . ." The morning was very busy however, so when I finally got a moment to spare I went over to see if he were ready for his funeral. Much to my surprise Bobby was awake, and by noon he was quite interested in his surroundings and even seemed much the better for his treatment! So we clipped his hair, rubbed him with gentian violet and now after two weeks his hair is growing nicely again. The patient's disposition is wonderful notwithstanding the fact that he is tied. His color is still more wonderful! namely purple, on account of the gentian violet.

Sr. M. Henrietta, Poona, India

Back porch of the Poona novitiate. The chaplain and Sr. M. Xavier, (Mistress of Novices) in the rear — Bobby to the right.

Kottayam, Kerala

There were professions also for our Indian Sisters at Kottayam down in Malabar on May 24th. The five newly professed are: Sister M. Thomas Rosaline, Sister M. Thomas Felicia, Sister M. Thomas Imelda, Sister M. Thomas Carmel, Sister M. Thomas Gertrude. This brings the number of our professed Syro-Malabar Sisters up to 53.

Thuruthipuram

This is our third year here in this Island village of Thuruthipuram in South India. At times one begins to wonder whether our battling with disease, is not a hopeless task, but that is only sometimes. Malnutrition is so prevalent in this coastal area that any bug that comes along gets a hold of these people. And just when they have recovered from one thing along comes something else. We have epidemics of whooping cough, measles, chicken-pox and typhoid. With the slightest cold the old enemy Tuberculosis flares up again; Just now it is meningitis.

The biggest drawback is the extreme poverty of the place. Today a mother came in and said very simply to Sister Francis, M.D. "I was a patient here, you made *me* well, and strong. Please cure my child." The child is *five years old* and weighs 12½ pounds. You can study anatomy on his living body, all the bones are prominent with a little skin pulled over it.

We need an isolation block very badly. We have the timber for building—so this year we wish to make an effort to find the wherewithal to put the timber together. We do hope that good St. Joseph will provide for our poor patients. It is for God's poor that we have come here so why not dare to do big things for them!

Sr. M. Stephanie, A.A.J.M. Hospital
Thuruthipuram, Kerala

Examination Amnesia?

Sr. M. David from Mandar was one of the examiners for the nurses practical exams and so was with us for a week. She asked one junior nurse to tell her what was important about a cough. The poor dear got a scared, puzzled look on her face, gulped twice, and stuttered, "a cough —well, (long pause), first we must distinguish between a cough—and a hiccough!" She asked another one to tell her how to prepare an egg flip, (plain old egg-nog in the U.S.A.) "First you must prepare a tray," said the nurse, (there isn't a thing you can do, it seems, according to the English method without a tray), . . . "with salt, pepper, nutmeg, lemon juice, and eggs." The milk never got in, in spite of Sr. M. David's practically "mooing" to remind her.

Sr. M. Carol, R.N.,
Holy Family Hospital, Patna

What Is There To Say?

Sr. Thomas Philomene Marie is studying Pharmacy in Ahmedabad. During vacation she was in Patna getting some practical knowledge of drugs and solutions but she also learned some other things. Here's her account of it. "Since I do not know any Hindi, only Malayalam, about all I could say in Hindi was 'take one tablet', or 'one tablespoon', or 'yes and no'. But the patients are full of questions. They want to know how much water to take after the tablet, whether it should be hot or cold water, before or after meals, etc.? etc.? One day I explained to a patient to take the tablet whenever she had pain. Then she asked me, "Is is for stomach pain?" Since she asked that, I thought she had stomach pain, so I said "yes". Then she said, "but I don't have stomach pain." I didn't know just what to say next! *Sr. Thomas Philomene Marie,*
Patna, India

In connection with their 25th anniversary, the National Federation of Catholic Doctors Guilds gave a beautiful chalice to the missions in honor of the three priests who have been moderators: the Rev. Ignatius Cox., S.J., Rev. Alphonse Schwitalla, S.J. and the Rt. Rev. Msgr. Donald McGowan. Medical Mission Sisters were made the beneficiary of the chalice.

Dr. Joseph Toland, Jr., (right), (past president of the Guild), presented it personally to the Sisters in Philadelphia.

Psychologically Speaking

Are you warm these days? The Indian government has a good idea. We measure the temperature in *Centigrade,* not *Farhenheit.* Somehow you don't feel nearly so hot if the weather report says 40 degrees C., as you do when it says 105 degrees F. The money change-over is going to be interesting, too. For one year the new decimal system and the old *"Naya Paisa"* will run together, and they do not exactly match each other. Marketing will soon have an added zest.

Sr. M. Godric,
Poona Dispensary, India

New Recipe

While I was in Techiman, Comfort, the cook, received a telegram—in typical Ashanti fashion, informing her that her grandmother had died. So Comfort returned to her village and Margaret her assistant took over the cook's duties. We were very pleased to see Margaret bring in a pie that evening, since we didn't know that her capabilities extended that far. Since we had some green papyas "dashed" (given) to us that morning, we expected *"Mock apple pie"* made from them. They are quite a good substitute. But it turned out to be more "Mock" than that. Margaret had taken our few precious cucumbers, sliced them, and covered them well with cinnamon and sugar and baked them in a pie. Since pie is as foreign to her as cucumbers, she saw no reason not to use them instead of papyas. I guess this is how new recipes are made!

Sr. M. de Montfort,
Berekum, Ghana

Knowledge vs. Communism

Last night Father Brennan came to give his third in a series of four lectures on Communism. Now that Kerala State has a Communist government the danger is all the more imminent. We are trying to get the nurses to really understand what Communism is so that each may combat it with the same fervor that the Communist spread it.

Sr. M. Carol, R.N., Holy Family Hospital, Patna, India

CONGRATULATIONS — Mr. and Mrs. Young of St. Martin parish, Philadelphia, celebrated their golden wedding anniversary on June 5th, with all their children present. From their missions came the three daughters in religion: (right) Sr. M. Benedict, M.D., from Holy Family Hospital, Dacca, East Pakistan; Mother M. David, Mistress of Novices, Sisters of the Blessed Sacrament, Cornwell Heights, Pa.; Mother Florence Marie (of the same community) from New Orleans, La. At left are the son and another daughter of the Jubilarians, Wendell W. Young, Jr., and Mrs. John J. McLaughlin. Mr. Young, Sr. was the first president of the Men of Medical Missions Organization and Mrs. Young was the first president and founder of the Ladies Auxiliary of the Medical Mission Sisters.

(Continued from page 111)

As all the plane passages out of Jos were booked, we returned to the coast on the Nigerian Railway which wended its way indecisively for 600 miles at an average speed of 13 m.p.h. The high rocky plateau with its acres of neat vegetable farms, fenced in with cactus, slowly gave way to the lower forest land and scrub vegetation of the coastland. Early in the morning we got into the Lagos terminal, just in time to get cleaned up and attend Holy Mass at the Holy Child convent in the city.

Ho, in British Togaland was the last stop on our review of the leprosy settlements. Here there is mingling of the two methods of present treatment of leprosy patients: a settlement with custodial care of the very advanced patients, out-patient treatment for those who prefer to remain at home, especially if they have family interests in the cocoa or yam farms and are able to help with the crops.

This part of the country is similar to the Gold Coast tribally and geographically. In fact it was a natural part of the present Ghana before it was cut up as a piece of political pie. Originally taken as a German possession, it is now divided between Britain and France as mandated territory.

From the road to the leprosy settlement could be seen a high hill which was once used for fetish purposes of human sacrifice . . . the victims were thrown headlong over a sheer drop of 2,000 feet. On the gentle slope opposite the steep side of the hill was the hut of the fetish priest. As the practice of human sacrifice has been forbidden, the fetish man must now content himself with brewing minor potions and weaving innocuous spells. For the people themselves, the hill retains its dread and they give it a wide berth.

Everywhere I went I was struck by the simple good cheer and resignation of the patients. Many of them far advanced. Leprosy stands today in the unique position of a disease still feared and dreaded, which for centuries was considered incurable, and for which there has been found a remedy which appears capable of controlling the disease, if not completely curing it. Theoretically, it should be possible to wipe out the sickness within 50 years or so, but in practice it will probably take much longer, as some primitive people still are afraid to come forward for treatment, good as it may seem to us, they retain their old superstitions and fatalism. Hiding away in tiny huts in the forest, they remain as foci of infection to spread the disease to younger members of the family. It will take years of teaching, and patience, and understanding of their fears, to make the victory complete.

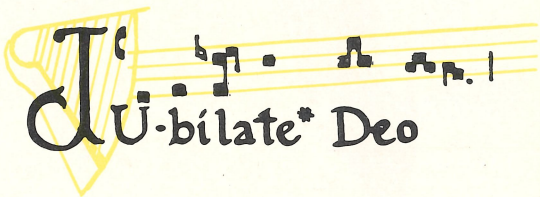
May They Rest In Peace

Please pray for our recently deceased benefactors and friends:

Most Rev. Frank A. Thill, Salina, Kansas.
Rt. Rev. Msgr. Edward F. Cunny, Phila., Pa.
Rev. Daniel S. Coonahan, Phila., Pa.
Rev. Vincent R. Hallstein, Ellwood City, Pa.
Rev. John Reynolds, Long Island City, N.Y.
Mother Mary Burke, R.S.C.J., Phila., Pa.
Mrs. Walburga Brusso, East Meadow, L.I., N.Y.
Mr. Thomas J. Cashin, Sunnyside, N.J.
Mr. Gerald Fritsch, Detroit, Michigan.
(Brother of Sr. M. Anita, SCMM)
Miss Susan Fuller, Short Hills, N.J.
Miss Carolyn Krumpelman, Ludlow, Ky.
Dr. William Long, Phila., Pa.
Mrs. Catherine Mannion, Jersey City, N.J.
Mr. John C. McCreary, Beaver Falls, Pa.
Mr. Allyn Sanford, Fremont, Ohio.
(Brother of Sr. M. Leo, SCMM)
Mr. Joseph Stevens, Pittsburgh, Pa.
(Father of Sr. M. Ronald, SCMM)
Mr. John A. Tobin, Washington, D.C.
Mrs. Adrianus van der Drift, Holland
(Mother of Sr. M. Damiana, SCMM)
Mrs. George Warren, Stockton-on-Tees, Co. Durham, England.
(Mother of Sr. M. Edmund, SCMM)

Shout joyfully to the Lord, all ye lands:
be glad and rejoice and make melody.
(Ps. 97)

The missionary must be
a pied piper for Christ.
Filled to the brim
with the joy of redemption,
his gladness spills over
into Christian song,
rejoicing in psalms and hymns
and spiritual canticles,
making melody in his heart
always to the Lord.



Others are made to wonder
by that glad piping:
Who is this God
whose lovers must sing
and shout His praises among all peoples?
Who is this God
who bids all lands
cry out with joy
because of Him?
Who is this God
to whom all nations
clap their hands and sing,
joining in that eternal song of praise:
"He is the great God above all gods
and holy is His name"

SISTER M. GERARD

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

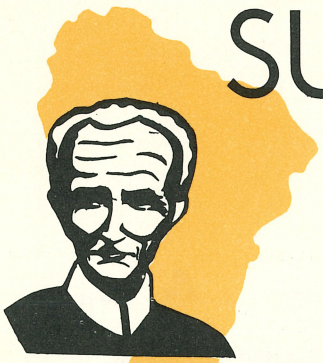
Please send me literature about becoming a Medical Mission Sister. I understand that this does not bind me in any way.

Name .....

Street .....

City ..... *Zone*..... *State*.....

apostle of SURINAM



Sr. M. Benedicta

The sun was well past its zenith as a frail, ascetic-looking priest was returning through the streets of Batavia in Dutch Guiana, after answering a call to give the last Sacraments.

Father Peter Donders smiled to himself as he thought of the arrival of another soul into Heaven. For 26 years now he had worked among the victims of leprosy in Surinam, Dutch Guiana. Twenty-six years of his 45 in the missions—had it really been that long?

His thoughts traveled back over all those years —back to his seminary days in Holland. Msgr. Van Groot, Prefect of Surinam, had come asking for volunteers to help him. In 1841, a year after his ordination as a secular priest, he sailed to Surinam.

The Diocese of Surinam at that time had but one large town, Paramaribo, and two other settlements on the coast. The rest was vast stretches of forest broken by the great, European-owned plantations under the cultivation of Negro slaves, to the number of about 50,000. With his arrival the number of priests to serve this extensive area rose to four.

Father Donders devoted his first 14 years to parish work in Paramaribo. A plea from the same Msgr. Van Groot for a priest to live permanently among the negro slaves afflicted with leprosy in Batavia, met with a quick response from him. This was a call to greater sacrifice. The remainder of his life was spent among these poor creatures. These years were ones of real Christ-like service. He laboured incessantly for their physical and spiritual needs. Many had given themselves over to vice. Their natural temperament led them into many fierce quarrels. Despite these appalling conditions, and the repulsive, nauseating sight, and stench of corrupting bodies, Father Donders never faltered in his devotion to his beloved people.

In 1865 the Surinam Mission was entrusted to the Dutch Redemptorists. Father Donders saw in their coming God's answer to his long cherished desire to become a religious. He lovingly welcomed the obligations imposed by his vows, especially the dependence on Superiors imposed by obedience, which he realized was a sure means of union with God's Will.

After his Religious Profession, Father Donders returned to Batavia and the leprosarium with a companion. Now he was also able to take on the evangelizing of the Indian tribes in the tropical swamps.

Everywhere, and in all his works, Father Peter Donders met with obstacles which seemed unsurmountable and hopeless. Each was faced with unwearying patience, unflinching zeal, and Christian devotedness. The seeds of Christianity were sown and later bore fruit.

After 45 years in Surinam, Peter Donders, C.SS.R. died in 1877 at the age of 77. The Church has declared him Venerable and his cause for canonization has been introduced.

ven. peter donders, c.ss.r.

medical world mission

Sr. M. Marion, B.S., M.T.

Union Against T.B.

The annual conference of the International Union against Tuberculosis was held last January in New Delhi, India. Professor Etienne Bernard of France, the Secretary General, pointed out that despite the progress that has been made, the number of deaths from T.B. in India in the last ten years was greater than the whole population of Denmark, and that India has only 10,000 beds where 500,000 are needed to care for its T.B. patients; 120 clinics, where 3,000 are needed.

The Catholic Hospital
March, 1957

Campaign Against Hunger

Abbe Pierre and Prof. Josue de Castro, the former president of the U.N. Food and Agricultural Organization (U.N.F.A.O.) have announced plans to form a "World Association for War on Hunger". The U.N.F.A.O., they say, was paralyzed by the inaction of U.N.O., and what is needed is a supra-national organization capable of making decisions which others cannot make for political reasons. The W.A.W.H. will study the problem of hunger from all angles in every country in the world. Dr. de Castro suggests that money used by the American Government to indemnify farmers who are compelled to limit their production should be given to the new organization. The farmers could then produce as much food as possible and the organization could use this money to buy the surplus for countries with undernourished population.

Herald, April 7, 1957

INCAP

September 15th will mark the eighth birthday of the Institute of Nutrition in Central America and Panama. In 1946 representatives of Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama met representatives of the Pan American Sanitary Bureau and the W. W. Kellogg Foundation to found this unique cooperative venture. Its task was to study the nutrition problems of the area, and work out and apply solutions. Progress has been significant. Experts have discovered widespread endemic goitre (40% in some places), Vitamin A deficiency, and parasitic infestation. Iodization with Potassium iodide of the crude moist sea salt which is generally used was not feasible, but experimentation revealed that the use of potassium iodate was economically practical, chemically stable, and effective in reducing the incidence of goitre. In order to increase low protein and Vitamin A levels synthetic foods, made from locally available corn, meal, yeast, etc., have been developed. Some of these are comparable in value to milk, and much less expensive.

The work of INCAP is contributing not only to the Central American countries but also to all other countries of the world which have similar nutrition problems.

World Health, March-April, 1957

Pleasz...

Annual Scholarships

For our 30 Sister students next Fall

A Sister medical student, tuition $900 a year
A Sister pharmacy student.....$575 a year
A Sister nursing student....nursing education $300 a year

The sum may be given all at once or built up in installments.

Eye Clinic Equipment

(So much unnecessary blindness in the missions)—Any amount welcome.....$500

Forks, knives, spoons and glasses

For the patients, trays are needed in Patna's new Holy Family Hospital at Kurji.
1 gross (144) of each are needed
Knives and forks.....1 doz. $3.00
Spoons and plastic glasses.....1 doz. $2.00

Hospital Needs

Beds, sheets, muslin and rubber sheeting for Dacca Hospital in E. Pakistan.
Beds .....each $30.00
600 sheets.....1 doz. $12.50
100 yds. rubber sheeting .....1 yd. .80
180 yds. unbleached muslin .....1 yd. .58

Instrument trays

6 needed for Techiman Hospital in Africa each $3.50
Techiman also needs 1 doz. Forceps jars for the operating room.....each $3.50

Lots for Little Thrift Shop

1343 Third Avenue, New York City will take all the things you discard—clothing, china, furniture, etc. and resell them to poor people who need them. Medical Mission Sisters are one of the beneficiaries of the shop.

Medicine for the Sick

Thuruthipuram in Kerala, S. India, has many, many T.B. patients. Streptomycin for a week for one patient.....$1.00

Number Holders

Not for a lottery, but for the patient's trays in Rawalpindi—300 needed.....each .29

Thank You!

For all the wonderful packages sent for our Garden Party.

Water Sets (Thermos)

Pitchers and glasses for Techiman Hospital and Dacca—2 doz. needed.....1 doz. .65

thank you

MEDICAL MISSION SISTERS, PHILADELPHIA, PA.

Dear Sisters:

Here is my gift $.....towards your mission needs in .....

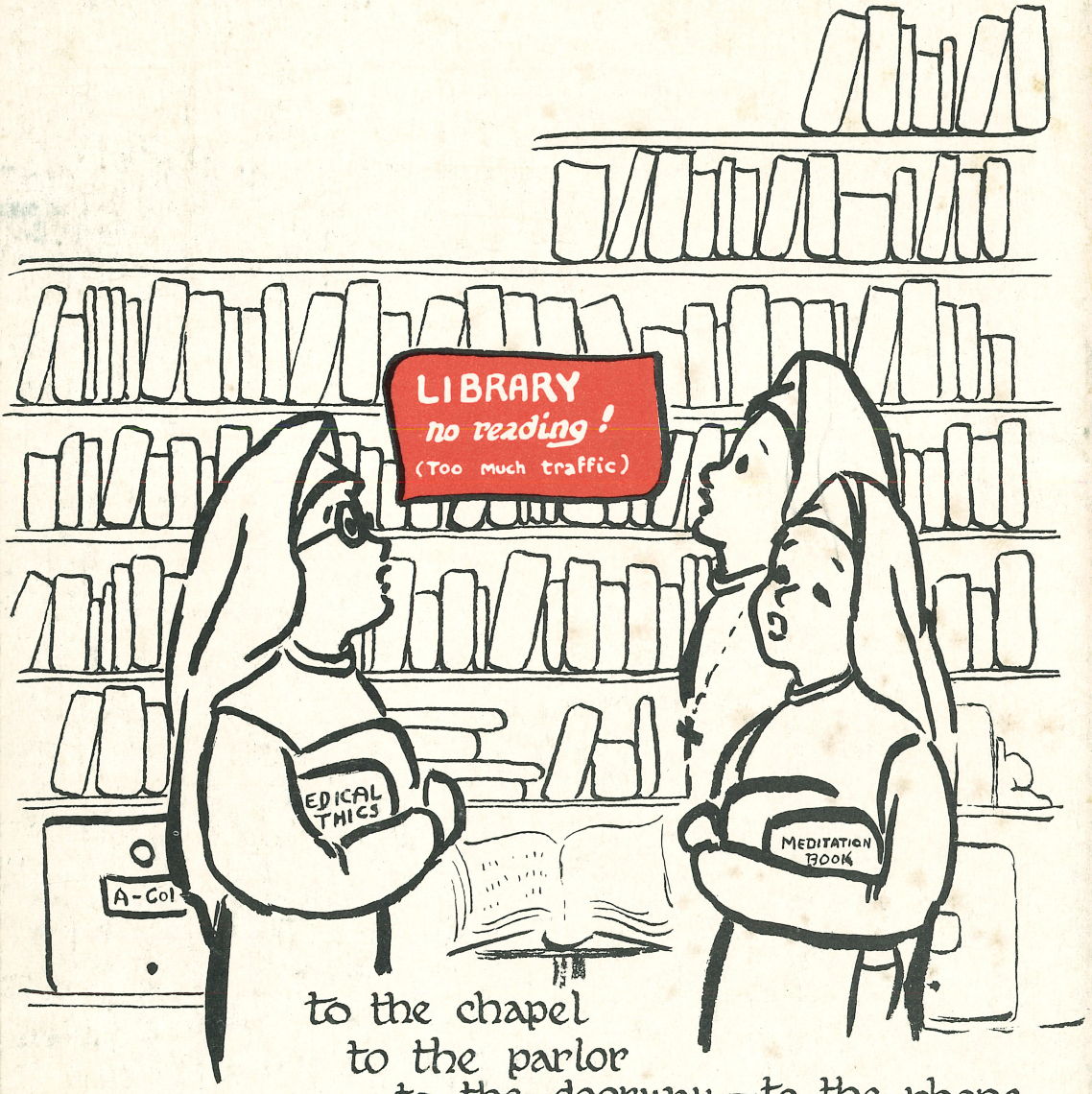
Name .....

Address .....

City ..... *Zone*..... *State*.....

No woman has ever borne such GLADNESS within her

ROMANO GUARDINI



to the chapel
to the parlor
to the doorway—to the phone,
ALL roads lead through this narrow room!

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Mother Dengel:

Here is my contribution $..... *towards helping the Sisters reach their destination —more housing.*

Name .....

Address .....

City ..... *Zone*..... *State*.....